Application or Docket Number

PATENT APPLICATION DETERMINATION RECORD Effective October 1, 2000

09/869910

Γ		CLAIMS	AS FILEI) - PART								
F	TOTAL CLAIM			mn 1)	1	lumn 2)	31	SMALL TYPE	ENTITY	OI	OTH SMAL	ER THAN L ENTITY
-			_					RATE	FEI		RATE	
H	FOR			ER FILED	NUN	MBER EXTRA		BASIC F	EE .	OF	BASIC F	7
TOTAL CHARGEABLE CLAIMS			/	ninus 20=	*			X\$ 9=	=	OF	X\$18	
INDEPENDENT CLAIMS				/ minus 3 = *				X40=		OF	\	
MULTIPLE DEPENDENT CLAIM PR											-	
"If the difference in column 1 is I			s less than	less than zero, enter "0" in column 2				+135=		OF		
Easter new ciacus			pare	Are cancelled. MENDED - PART II				TOTAL		OR	TOTAL	860
		(Column 1)	- Indiana and a second	(Colum	n 2)	(Column 3)		SMALI	ENTITY	OR		R THAN LENTITY
TA		REMAINING		HIGHE NUMB	ER	PRESENT			ADDI			ADDI-
MEN		AFTER AMENDMENT		PREVIOU PAID F		EXTRA		RATE	TIONA FEE		RATE	TIONAL
AMENDMENT	Total Independent	*	Minus	**	<u> </u>	= .		X\$ 9=		OR	X\$18=	
Δ	FIRST PRES	* ENTATION OF M	Minus IULTIPLE DI	EPENDENT (CL AIM	=		X40=		OR	X80=	
					J C / 11(V)			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Columr	1:2)	(Column 3)	Α	DDIT FEE			ADDIT. FEE	<u> </u>
മ		CLAIMS REMAINING		HIGHES NUMBE	ST.		F		ADDI-	7 (ADDI-
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ENDMENT	Total	•	Minus	**	<u>/n</u>	=	-	VØ 0	FEE		<u> </u>	FEE
Ž.	Independent	*	Minus	***		=	L	X\$ 9=		OR	X\$18=	
₹ —	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	LAIM			X40=		OR	X80=	
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	•			٠			ΑD	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
_		(Column 1)		(Column		(Column 3)				• ^	וטטוו. רכבו	
		CLAIMS REMAINING		HIGHES NUMBER		PRESENT	Г		ADDI-	Г		ADDI-
		AFTER AMENDMENT		PREVIOUS PAID FOI		EXTRA		RATE	TIONAL FEE	ľ.	RATE,	TIONAL
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: L	Independent		Minus	[###		=	-			OR -		
1	HIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT CL	AIM.		L	X40=	<u>.</u>	OR	X80=	
If	the entry in colum	nn 1 is less than the	entry in colu	mn 2 write 40°	in a-4		+	135=		OR	+270=	
٠٠if	the "Highest Num	nber Previously Pai nber Previously Pai	d For" IN THIS	SPACE is les	s than :	20, enter "20."	ADI	TOTAL DIT. FEE		Г. ОŖ, _{Аг}	TOTAL DIT. FEE	
T.	he "Highest Numb	per Previously Paid	For" (Total or	Independent)	s the h	૭, enter "3." ighest number fo	ound	in the appr	opriate box	in colun	nn 1.	
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